

my  
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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ASD		3/16/01
FORMALITY REVIEW	for	720	03-20-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	0	0	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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8	✓	✓	
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If more than 150 claims or 10 actions  
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